

PTC/6B/82 (01-06) Approved for uso shrough 12/31/2008 OMB 0651-0005

	J.S. Paloni and Tredomanii Office; U.S. DEPARTMENT OF COMMERCI
Under the Paperwork Reduction Act of 1898	an previous are required to respond to a collection of information unless it disclays a valid ONB control number

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number 10758412

Filing Date 10758412

First Named Inventor 10758412

Art Unit 10758412

Examiner Name 10758412

					
l hereby revoke all pre	I hereby revoke all previous powers of attorney given in the above-identified application.				
A Power of Attorney is submitted herewith.					
OR I hereby appoint the practitioners associated with the Customer Number 66547					
Please change the correspondence address for the above-identified application to:					
Customer Number: 00547					
OR					
Firm or Individual Name					
Address					
City		State	Zip		
Country					
Telephone		Email			
I am the: Applicant/Inventor					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature Q. 4.					
Name .long Yong Yu President of Samsong Electronics Co., Ltd.					
Date /	6. Nav. 2006	Telephone			
NOTE. Significants of all the inventors or passignees of record of the entire intorous printer representative(s) and required. Submit multiple forms if more than one alignature is required, see below.					
or Total of					
This collection of experience is many and by 17 CHU s. 75. The missission					

This collection of information is required by 27 CPN 1.36. The information is required to obtain or retain a bonds by the public which is to life (and by the USPTO to process) an apparation. Condendating is governed by 35 U.S.C. 122 and 37 GPR 1.11 and 1.14. This collection is estimated to list a minutes to complete, including gathering, preparing, and submitting the complete apparation from its fits uSPTO. This will vary deponding upon the individual case. Any comments on the amount of time you require to complete this form enter suggestions for instead this burden, should be sent to the Chest Information Officer, U.S. Petent and Truderpark Office, U.S. Coperation of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO IMB ADDRESS. SEND TO: Commissioner for Potents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, cold 1-900-PTO-9199 and select oppoin Z